

# Leadership Curricula in Medical Education

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Leadership has been identified as an important competency for medical graduates [1]. Physicians are expected to not only lead healthcare teams and manage their own practices, but also participate in healthcare reforms and in the planning, delivery and transformation of patient services. There are several challenges in the practice of medicine in both developed and resource-constrained health systems, including but not limited to complex disease patterns and doctor-patient relationships and conflicts of interest within the healthcare industry, which require responsive, responsible and trained individuals to spearhead organizational and systemic changes [2]. Leadership is often equated with inherent dynamism and charisma, and while such attributes may be found in leaders, this stereotypical view excludes the possibility of developing the qualities required for effective leadership [3]. Despite recommendations to develop leadership skills in medical graduates [2] and appreciation of this requirement by both faculty and students [4], few institutions have instated a formal leadership curriculum, the effectiveness and impact of which needs to be assessed in more detail [5].

Formal leadership curriculum has been adopted in some medical colleges in the developed world. For example, the Department of Medicine at Stanford School of Medicine is committed to the development of intellectually and ethically sound physicians, “who are also capable of inspiring and leading change in a complex health care environment” [6]. The curriculum focuses on imparting knowledge of the American healthcare system, including its unique challenges to residents and inculcating skills and behaviors required to be change agents. The Geisel School of Medicine at Dartmouth also identifies the need for developing physician-leaders who can address pressing healthcare challenges and stresses upon experiential learning rather than theoretical, using an ontological approach of questioning what it means to be a leader [7]. Recently, the Leadership, Education, and Development (LEAD) program at Duke was created for medical students by medical students [8]. This formal leadership curriculum includes lectures and workshops in the first two years of medical school, individual goal setting and

monitoring, mentoring by senior students and a hospital or community-based capstone project. Other institutions offer joint medicine and public health programs, mini-Masters in Business Administration and career development courses. The focus of these offerings varies, but there is greater emphasis on strategic planning, teamwork and teambuilding, financial metrics and development of business plans, marketing, situational leadership, conflict resolution, process improvement and mentorship [5]. In the UK, the Academy of Medical Royal Colleges and NHS Institute for Innovation have developed a Medical Leadership Competency Framework (MLCF), which outlines the required leadership competencies, and a post-graduate curriculum (including a free e-learning resource for the knowledge component) predicated on the concept of shared leadership that transfers responsibility to all those who serve in an organization rather than only those with designated leadership roles [9, 10]. The MLCF is recommended for integration into undergraduate medical curricula [11].

There is no evidence in the literature of development or implementation of formal leadership curricula in medical colleges in the Middle East or Asia, the graduates of which face unique challenges in practice different from those doctors working in areas with greater financial and human resources. There is a need for development of novel leadership curriculum for these medical programs. The focus of this curriculum should be on the development of knowledge, attitude and skills to be effective leaders in a resource-constrained setting. In such a setting, the challenges of managed healthcare industry are replaced with the reality of providing care to non-affording patients, tertiary care takes a back seat to community-based preventive programs, and the ethics of contradictions between medical and social realities and class disparities are addressed through inspiring, innovative and ethical practice. Physicians are often put on a pedestal, especially in countries like Pakistan where they are revered for their knowledge and healing power. It is the responsibility of the physician to harness the esteem in which they are held to bring about change that positively impacts the health of the

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community. When training physician-leaders, there are important predisposing factors that affect development of leadership skills in doctors. Traits such empathy, openness and geniality are prized in a physician, but may be seen as a mark of a weak leader [12]. On the other hand, medical students tend to be very intelligent, motivated and ambitious, which enables them to be thorough learners. Coupled with this fact is the reinforcement received through personal satisfaction, respect of peers and patients, and often financial reward associated with successful leadership, which positively impact the willingness and ability of medical students to develop as leaders.

As one of the professional attributes usually expected of medical graduates, it is critical for academic institutions to focus efforts on developing formal curricula to teach and inculcate leadership skills, which can help develop doctors who are better leaders and eventually translate into better patient care.

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